

**ELEVENTH JUDICIAL CIRCUIT COURT
McLEAN COUNTY, IL**

IN RE THE MARRIAGE OF:

Petitioner,

v.

Case Number: _____

Respondent.

FINANCIAL AFFAIRS AFFIDAVIT

IMPORTANT: Attach most recent of last three months= pay stubs showing your year-to-date earnings and deductions. For those individuals who receive any income from self-employment sources, attach supporting documentation for year-to-date earnings.

	<u>HUSBAND</u>	<u>WIFE</u>
GROSS MONTHLY INCOME from: Salary, wages, commissions, bonuses, allowance & overtime (NOTE: To arrive at gross monthly income, multiply weekly gross by 52 and divide by 12, or multiply bi-weekly income by 26 and divide by 12)	\$ _____	\$ _____
Pension or retirement benefits	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Disability or unemployment benefits	\$ _____	\$ _____
Public aid (ADC-Welfare)	\$ _____	\$ _____
Child support from prior marriage (alimony)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Other Income (specify):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME	\$ _____	\$ _____

DEDUCTIONS:

Federal income tax withheld	\$ _____	\$ _____
State income tax withheld	\$ _____	\$ _____
Social Security withheld	\$ _____	\$ _____
Medical or other health-related insurance	\$ _____	\$ _____
Mandatory retirement contributions required as a condition of employment	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent and individual health/hospital insurance premiums	\$ _____	\$ _____
Prior Court ordered support and/or maintenance, actually paid pursuant to a Court Order	\$ _____	\$ _____
Other deductions permitted by 750 ILCS ' 505(a)(3)(h) <input type="checkbox"/> specify:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL NET MONTHLY INCOME	\$ _____	\$ _____

ESTIMATED MONTHLY EXPENSES

(*mark if a projected expense ☐ Affiant must be prepared
to submit testimony to support the same)

HOUSEHOLD:

Rent or house payment (specify)	\$ _____
Repair and upkeep	\$ _____
Housekeeper and yard work	\$ _____
Homeowners= or renters= insurance	\$ _____
Real estate taxes (not included in house payment)	\$ _____

Other (specify):

\$ _____

\$ _____

\$ _____

SUBTOTAL

\$ _____

UTILITIES:

Electricity

\$ _____

Gas/Heating oil

\$ _____

Water and sewer

\$ _____

Telephone

\$ _____

Trash removal

\$ _____

Cable TV

\$ _____

Other (specify):

\$ _____

\$ _____

\$ _____

SUBTOTAL

\$ _____

FOOD:

Food, milk, household supplies

\$ _____

School lunches

\$ _____

Meals outside home

\$ _____

Other (specify):

\$ _____

\$ _____

\$ _____

SUBTOTAL

\$ _____

CLOTHING:

Clothing (self) \$ _____

Clothing (children) \$ _____

Laundry & dry cleaning \$ _____

Other (specify):
_____ \$ _____

SUBTOTAL \$ _____

MEDICAL CARE: (after insurance reimbursement)

Doctor & Dentist (self) \$ _____

Drugs & medical supplies (self) \$ _____

Doctor & dentist (children) \$ _____

Drugs & medical supplies (children) \$ _____

Medical and dental insurance \$ _____
(do not list if already listed as a deduction from gross income)

Other:
_____ \$ _____

_____ \$ _____

SUBTOTAL \$ _____

TRANSPORTATION:

Car payment \$ _____

Repair & maintenance \$ _____

Gas & oil \$ _____

Insurance \$ _____

License and registration \$ _____

Bus fare/parking \$ _____

Other (specify):

_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

MISCELLANEOUS:

	CHILD	YOURS
Child care/babysitter		\$ _____
School & school supplies	\$ _____	\$ _____
Church/charitable contributions		\$ _____
Newspapers, magazines & books		\$ _____
Barber/beauty shop	\$ _____	\$ _____
Life insurance premiums		\$ _____
Disability insurance premiums		\$ _____
Professional dues		\$ _____
Voluntary retirement contributions		\$ _____
Allowance (children=s)	\$ _____	
Recreation/entertainment	\$ _____	\$ _____
Family pets		\$ _____
Family gifts		\$ _____
Toiletries	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____

CREDITOR PAYMENTS NOT PREVIOUSLY LISTED:

Monthly installment payments (credit cards):

_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____

_____ \$ _____

Others (specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

SUBTOTAL: \$ _____

TOTAL AVERAGE MONTHLY EXPENSES: \$ _____

RECAP:

NET MONTHLY INCOME \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____

DIFFERENCE BETWEEN NET INCOME AND EXPENSES \$ _____

LESS MONTHLY DEBT SERVICE \$ _____

INCOME AVAILABLE PER MONTH \$ _____

CERTIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

(Date)

(Signature)

Any person who makes a false statement, material to the issue or point in questions, which he does not believe to be true, in any document certified by such person in accordance with 735 ILCS 5/1-109 shall be guilty of a Class 3 felony punishable by two (2) to five (5) years imprisonment and/or a \$25,000 fine.